**FORM PTO-1083** 





Attorney Docket No.: 101.0044-03000 Customer No. 22882

ED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson, M.D.

Serial No: 09/497,590 Filed: June 6, 2000

APPARATUS FOR INSERTING SPINAL

**IMPLANTS** 

Art Unit:

3732

RECEIVED

MAY - 6 2002

Assistant Commissioner for Patents

Washington, D.C. 20231

**TECHNOLOGY CENTER R3700** 

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

冈 No additional fee is required.

Applicant hereby requests a \*\*\*-month extension of time to respond to the above office action. П

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	 ADD'L FEE DUE	
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$18 SM=\$9	\$ 0	
INDEPENDENT CLAIMS FEE	1	-	3	***	. 0	LG=\$84 SM=\$42	\$ 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140							0	
						TOTAL	\$ 0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed.

A check in the amount of \$ to cover the \*\*\*-month extension of time fee is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: May 1, 2002

Thomas H. Martin Registration No. 34,383 Attorney for Applicant

14500 Avion Parkway, Suite 300 Chantilly, VA 20151-1101 Telephone: 703-679-9300

Facsimile: 703-679-9303



If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.